

# RETIREE MONTHLY RATES: Effective July 1, 2000

## MEDICARE-ELIGIBLE COVERAGE *(unchanged from January 1, 2000)*

TYPE POLICY	<i>Advantage 65</i>	<i>Drug-Only Plan</i>	Not Available For New Enrollees	
			<i>Option I</i>	<i>Option II</i>
<i>Single Policy</i>	\$188	\$95	\$149	\$225
<i>Single Plus One Dependent (Both Eligible For Medicare)</i>	\$376	\$190	\$298	\$450

## COMBINATION NON-MEDICARE AND MEDICARE COVERAGE

TYPE POLICY	ADVANTAGE 65 AND <i>Key Advantage w/Expanded Benefits</i>		DRUG-ONLY PLAN AND <i>Key Advantage w/Expanded Benefits</i>	
	<i>Key Advantage</i>		<i>Key Advantage</i>	
<i>Retiree Plus One Dependent (One Medicare Eligible)*</i>	\$426	\$436	\$333	\$343
<i>Retiree Plus Two Dependents (One Medicare Eligible)*</i>	\$628	\$647	\$535	\$554
<i>Retiree Plus Two Dependents (Two Medicare Eligible)*</i>	\$614	\$624	\$428	\$438
<i>Family (Single Plus Three Or More Dependents, One Or More Eligible For Medicare)</i>	\$643	\$669	\$643	\$669

**Important:** The above combination non-Medicare and Medicare coverage rates apply only if a State retiree is enrolled in the plans.

\* Monthly premium includes Advantage 65 or Drug-Only coverage for Medicare eligible participants and Key Advantage for non-Medicare eligible participants.

# NON-MEDICARE COVERAGE

## KEY ADVANTAGE AND COST ALLIANCE

TYPE POLICY	<i>Key Advantage</i>	<i>Key Advantage w/Expanded Benefits</i>	<i>Cost Alliance</i>	<i>Cost Alliance w/Dental</i>
<i>Single Policy</i>	\$238	\$248	\$422	\$447
<i>Single Plus One Dependent</i>	\$440	\$459	\$422	\$468
<i>Family</i>	\$643	\$670	\$422	\$490

## REGIONAL PLANS

TYPE POLICY	<i>Aetna HMO</i>	<i>Aetna POS</i>	<i>CIGNA HMO</i>	<i>Kaiser Permanente HMO</i>	<i>Optimum Choice High Option POS</i>	<i>Optimum Choice Standard Option POS</i>	<i>Piedmont Community HMO-POS</i>
<i>Single Policy</i>	\$292	\$304	\$259	\$214	\$309	\$286	\$248
<i>Single Plus One Dependent</i>	\$540	\$562	\$479	\$396	\$572	\$529	\$459
<i>Family</i>	\$788	\$821	\$699	\$578	\$834	\$772	\$670